

Laboratory Report

Tom Moe
USS Corporation
P.O. Box 417
Mountain Iron, MN 55768

Report Date: 03/10/2016
Date Received: 03/04/2016

Project: 10170C Minntac W2R 401 Cert

Pace Project No.: 1262013

Sample: SW-001		Lab ID: 1262013001	Collected: 03/04/16 09:00	Matrix: Water			
Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers	
EPA 200.7	Calcium	54.7	mg/L	2.0	03/08/16 10:03		
EPA 200.7	Magnesium	70.3	mg/L	2.0	03/08/16 10:03		
	Field pH	7.50	Std. Units		03/04/16 09:00		
	Field Temperature	0.1	deg C		03/04/16 09:00		
	Field Specific Conductance	863.0	umhos/cm		03/04/16 09:00		
SM 2320B	Alkalinity, Bicarbonate (CaCO ₃)	179	mg/L	5.0	03/07/16 15:08		
EPA 300.0	Chloride	62.2	mg/L	1.0	03/08/16 03:10		
EPA 300.0	Sulfate	186	mg/L	2.0	03/08/16 03:10		

Reviewed by:



Heather R Zika

heather.zika@pacelabs.com

Virginia Minnesota Certification ID's

315 Chestnut Street, Virginia, MN 55792

Alaska Certification #MN01084

Arizona Department of Health Certification #AZ0785

Minnesota Dept of Health Certification #: 027-137-445

North Dakota Certification: # R-203

Wisconsin DNR Certification # : 998027470

WA Department of Ecology Lab ID# C1007

Nevada DNR #MN010842015-1

Oklahoma Department of Environmental Quality



Chain of Custody Record

Page: 1 of 1

526 CHESTNUT STREET

VIRGINIA, MINNESOTA 55792

218-741-4290 * FAX 218-741-4291

COC#:

MO#: 1262013
PM: HRZ
Due Date: 03/18/16
CLIENT: NTS-Dave J

CLIENT NAME, ADDRESS, PHONE#:

US Steel MinnTac

Tom Moe - USS Minntac
Scott Seeley - NTS, 218-742-1028

REPORT TO:

TYPE & # CONTAINERS

Comments:

SAMPLER: ECE/BJT

PERMIT REQ.: Yes

PROJECT: NPDES Data Gaps Monitoring

MONTH: March 2016

PROJ. NO: 10170C

COLLECTION:

MATRIX

LOG-IN

DATE

TIME

LIQ

SOL

Filtered

SAMPLE #

DESCRIPTION

DATE

TIME

LIQ

SOL

Filtered

Field

Field

Field

Field

ANALYSIS:

Bicarbonates, Cl, SO₄, Ca, Mg

SW-001

Sand River
Station 701

3-4-16

900

X

N

1

1

7.50

863.

0.1

RELINQUISHED BY:

DATE: 3-4-16

TIME: 1325

RECEIVED BY:

DATE:

TIME:

RELINQUISHED BY:

DATE:

TIME:

RECEIVED BY:

DATE:

TIME:

RECEIVED FOR LAB BY:

DATE:

TIME:

TEMP AT ARRIVAL:

1.3 °C

on ice

DATE:

TIME:

REPORT DATE:


2 weeks from submittal

3-4-16

1325

REPORT DATE:

2 weeks from submittal

	Document Name: Sample Condition Upon Receipt Form	Document Revised: 23Feb2015 Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

**Sample Condition
Upon Receipt**

Client Name: NTS

Project #:

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

Tracking Number: _____

WO#: 1262013



Custody Seal on Cooler/Box Present? ☐ Yes ☒ No

Seals Intact? ☐ Yes ☒ No

Optional: _____

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: _____

Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808

Type of Ice: ☒ Wet ☐ Blue ☐ None ☒ Samples on ice, cooling process has begun

Cooler Temp Read °C: 1.0 Cooler Temp Corrected °C: 1.3 Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA

Temp should be above freezing to 6°C Correction Factor: 0.3 Date and Initials of Person Examining Contents: 3-4-16 WL

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased): _____		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: Heather SD

Date: 3/7/16

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e out of hold, incorrect preservative, out of temp, incorrect containers)